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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/916,201 07/27/2001 ABN which is a CIP of 09/467,893 12/21/1999 ABN which claims benefit of 60/113,783 12/23/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

23117

TITLE

DETECTION OF CD8+ T CELL RESPONSES TO M. TUBERCULOSIS

FILING FEE RECEIVED 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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